## **Indiana Criminal Justice Institute**

## STOP VIOLENCE AGAINST WOMEN ACT GRANT APPLICATION

(See the Institute's Program Guidance for this grant program and instructions on the next page.)

		For ICJ	I Use Only		
Date	Received: / /	Federal Award:	\$	Purpose Area:	
Gran	t Number:	State Award:	\$	Purpose Area:	
A	Type of Project: Continuation New Project	-		his Project:	
В	Project Title:				
C	Beginning Date of Project:	/ /	Ending Date of Pr	oject: /	/
	LEGAL APPLICANT				
D	Name of Agency/Organization:Address:				
	City:			County:/	
E	Financial Officer:			<u> </u>	
	Address: City:		Zipcode:	County: Fax: /	
F	rederal Employer ID Number:				
	Federal Employer ID Number:  Type of Agency/Organization:			П Томп П	Other
G	Type of Agency/Organization:	☐ State	☐ County ☐ City		Other
	Type of Agency/Organization:  Location of Agency/Organization:	☐ State	☐ County ☐ City	☐ Town ☐  State Judicial District: _	
G	Type of Agency/Organization:	☐ State U.S. Congressio	☐ County ☐ City		
G H	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization:  Address:  City:	U.S. Congressio	County City nal District:	State Judicial District: County:	
G H	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization:  Address:  City:  Email:  Project Director:	U.S. Congressio  State: Tel:	☐ County ☐ City nal District:	State Judicial District: _	
G H I	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization:  Address:  City:  Email:  Project Director:  Address:	U.S. Congressio  State: Tel:	County City nal District:  Zipcode:	State Judicial District: County:	
G H I	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization:  Address:  City: Email:  Project Director: Address:	State U.S. Congressio  State:  Tel:	County City nal District:  Zipcode:	State Judicial District: County: /	/
G H I	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization:  Address:  City:  Email:  Project Director:  Address:  City:	State U.S. Congressio  State: Tel:  State: Tel:	County City nal District: Zipcode: Zipcode:	State Judicial District: County: Fax:/  County: Fax:/	/
G H I	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization:  Address:  City:  Email:  Project Director:  Address:  City:  Email:	State U.S. Congressio  State: Tel:  State: Tel:	County City nal District:  Zipcode: / Zipcode: / /	State Judicial District: County: Fax:/  County: Fax:/	/
G H I	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization:  Address: City: Email:  Project Director: Address: City: Email: Other Contact:	State U.S. Congressio  State: Tel:  State: Tel:	County City nal District:  Zipcode: / Zipcode: / /	State Judicial District: County: Fax:/  County: Fax:/	/
G H I K	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization: Address: City: Email:  Project Director: Address: City: Email: Other Contact:  FUNDING REQUEST	State U.S. Congressio  State: Tel:  Tel:  Tel:	County City nal District:  Zipcode: / Zipcode: / /	State Judicial District: County: Fax:/  County: Fax:/	/
G H I J	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization: Address: City: Email:  Project Director: Address: City: Email: Other Contact:  FUNDING REQUEST  Total Project Cost Applicant Portion a. Cash Match	State U.S. Congressio  State: Tel:  Tel:  Tel:	County City nal District:  Zipcode: / Zipcode: / /	State Judicial District: County: Fax:/  County: Fax:/	/
G H I J	Type of Agency/Organization:  Location of Agency/Organization:  IMPLEMENTING AGENCY  Name of Agency/Organization: Address: City: Email:  Project Director: Address: City: Email: Other Contact:  FUNDING REQUEST  Total Project Cost Applicant Portion	State U.S. Congressio  State: Tel:  State: Tel:	County City nal District:  Zipcode: /  Zipcode: / / / /	County:  Fax: /  County: Fax: /  Email:	

## Instructions for A-L

Please read all instructions before completing the application and contact the Institute if you have questions. Failing to follow instructions or submitting an incomplete application will delay the processing of your grant application.

You do not have to complete an application item if it is blocked out by black shading.

Please do not use forms or verbatim material from a previous year's grant application for your new application, and do not include copies of the instructions or Program Guidance pages with your completed application.

- A Check "Continuation Project" if the proposed project is currently being funded by the Institute under the grant program to which you are now applying. Applicants applying for a continuation should list <u>all</u> previous grant numbers for the project. "Check "New Project" if the proposed project is currently <u>not</u> being funded by the Institute under the grant program to which you are applying.
- **B** Enter the title of the project for which funds are being requested.
- C Enter the beginning and ending dates for the proposed project.
- D The Legal Applicant must be a public entity (village, town, city, township, county, other general purpose political subdivision of the state, state agency, public university, etc.). For example, a county prosecutor's office could be the legal applicant on behalf of a private, not-for-profit agency.
- Enter the name and contact information for the Financial Officer of the office that is legally responsible for the Legal Applicant's financial records (e.g., the County Auditor, City Controller, City Clerk-Treasurer, Town Treasurer).
- F Enter the Legal Applicant's Federal Employer Identification Number.
- G Indicate whether the Legal Applicant is a state, county, city, or town agency/organization.
- H Enter the U.S. Congressional District and State Judicial District in which the Legal Applicant is located.
- I The Implementing Agency is the unit, department, division, organization, or agency responsible for maintaining general oversight of the project's implementation and grant administration, including the submission of all reports required by the Institute.
- J The Project Director is the individual charged by the Implementing Agency with direct responsibility for the day-to-day management of the project and grant administration.
- **K** Enter the name and contact information for the person who will serve as the principal contact for grant administration (if other than the Project Director).
- L-1 Enter the total cost of the proposed project for which you are seeking assistance from this grant.
- L-2 Most grant programs require applicants to provide a percentage of the total project cost in the form of a cash match or an in-kind (non-cash) match in property, goods, or services. Refer to the Institute's Program Guidance for the grant program to which you are applying for information on your match requirement, if any. Enter the dollar amount of your cash match on line "a" and/or the value of your in-kind match on line "b," if applicable. The total of lines "a" and "b" must represent the percentage of the total project cost required as match by the grant program to which you are applying. Indicate the source of your match in the space(s) provided.
- L-3 Enter the difference between L-1 (total project cost) and L-2 (applicant portion) in L-3. This is the amount of funding requested.

## Instructions and Definitions for M, N and O

A **Problem Identification Statement** succinctly states the problem you intend to address through the proposed project. Data and information illustrating the problem should be included as part of your Problem Identification Statement.

A **Project Description** briefly describes the project that is being proposed. A good project description will (a) describe a solution or remedy to the problem identified above, (b) list the people who will benefit from the project (be as specific as possible) and (c) indicate how long it will take to see results from the project.

A **Project Goal** is a concise statement indicating what the project is expected to achieve (i.e., its desired outcome). Some examples include:

Improve direct services to victims in Hoosier County.

Expand the scope of services we provide to female victims of sexual assault.

Improve our community's awareness of and response to victims of crime.

**Project Objectives** specify *measurable* outcomes related to the goal, including the expected level or amount of change and the date by which the change is expected to occur. For example, objectives for the goal "Improve direct services to victims in Hoosier County" might include:

Objective 1: By the end of the grant period, increase by at least 10% the number of victims served by our agency last year by implementing outreach efforts.

Objective 2: By the end of the grant period, increase by at least 10% the total number of victim referred to our agency last year by enhancing working relationships with the county prosecuting attorney's office, all city and county law enforcement agencies, all hospitals in the county, and all schools in the county.

**Project Activities** are the specific activities or steps that will be taken to achieve each objective. For example, activities for the two objectives listed above might include:

Objective 1: By the end of the grant period, increase by at least 10% the number of victims served by our agency last year by implementing outreach efforts.

Activity 1: Publicize victim services provided by our agency in the two local newspapers one week a month.

Activity 2: Print pamphlets describing victim services provided by our agency and distribute them to all coordinating service agencies in the area.

Activity 3: Lease and maintain a booth at our county fair to explain victim services and to publicize the availability of services.

Objective 2: By the end of the grant period, increase by at least 10% the total number of victim referred to our agency last year by enhancing working relationships with the county prosecuting attorney's office, all city and county law enforcement agencies, all hospitals in the county, and all schools in the county.

Activity 1: Visit city and county law enforcement agencies and area schools to discuss victim rights and the availability of victim services.

Activity 2: Print pamphlets describing available victim services and provide them to area hospitals for distribution to victims of crime.

Activity 3: Write monthly letters to the prosecutor's office, city and county law enforcement agencies, area hospitals, and area schools to inform them of the number and types of victims served by our agency in the last month and to inquire about the number of victims they have referred to our agency in the last month.

**M** Problem Identification Statement. In the space provided, please provide your Problem Identification Statement by succinctly stating the problem you intend to address through the proposed project. Data and information illustrating the problem should be included as part of your statement.

describe a solution possible) and (c) i	olem you identified in n or remedy to the pro ndicate how long will	your Problem Id blem, (b) list the it take to see res	entification State people who wil sults from this pr	ement. A good point of the control o	project (be as specifi

In column (a), list the overall **Goal** of the proposed project. In column (b), list up to three specific **Project Objectives** related to that goal. And in column (c), list the **Project Activities** or steps you plan to take to achieve the objectives you have listed. Please refer to the instructions on page 3 of this application for definitions and examples of Project Goals, Project Objectives and Project Activities.

(a) Project Goal	Pro	(b) ject Objectives	(c) Project Activ	rities
List the overall goal of your project.	that supp	hree specific objectives port the project goal.	List as many activition that support projec	t activities.
	1.			
1.	2.			
	3.			

t best fits your proposed project.				
	Training to Identify and Respond to Violent Crimes Against Women: Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify an respond to violent crimes against women, including the crimes of sexual assault, domestic violence and dating violence. (ST1)			
	<b>Special Units:</b> Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence. (ST2)			
	<b>Policies, Protocols, Orders, and Services:</b> Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including sexual assault and domestic violence. (ST3)			
	<b>Data/Communication Systems:</b> Developing, installing, or expanding data collection and communication systems, including computerized systems linking police, prosecution, and the court or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System. (ST4)			
	Victim Services: Developing, enlarging, or strengthening victim services programs, including sexual assault, domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence. (ST5)			
	Stalking: Developing, expanding, or strengthening programs addressing stalking. (ST6)			
	<b>Indian Populations:</b> Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence. (ST7)			
	Multidisciplinary Resource Coordination: Supporting formal and informal statewide, multidisciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence. (ST8)			
	<b>Training Sexual Assault Forensic Medical Examiners:</b> Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault. (ST9)			
	Older and Disabled Women: Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence or assault and targeting outreach and			

Q	Do you have other sources of funding to help support this project:					
	☐ Yes → What proportion of the project will be paid for by other sources (e.g., 25%, 75%): %					
R	What percent of the total amount of federal funding requested (in L3) will be committed to each of the following categories (e.g., 40% on victim services, 30% for law enforcement officers, and 30% for prosecutors):					
	Law Enforcement Officers: % Victim Services: % Training Efforts: % Courts					
S	What percent of project effort will be committed to each of the following types of crime (e.g., 50% to domestic violence crimes and 50% to sexual assault crimes):					
	Domestic         Sexual         Dating           Violence         %         Assault         %         Violence         %         Stalking         %					
	Other % (specify other crimes):					
T	What geographic area(s) will be served by this project (check one box and specify):  City(ies)/Town(s) specify: County/Counties specify: State					
U	How does the proposed project complement existing programs/services for crime victims in the geographic area(s) to be served by the project? (If your project duplicates existing programs/services, explain how it is different and/or what it will add?)					
V	Briefly describe the ways in which the proposed project will promote coordinated publicly-funded and privately-funded efforts within the community to aid crime victims:					

W	Place a checkmark next to all of the types of agencies/organizations that you will collaborate or coordinate with on the proposed project and then provide the name of each agency/organization on the line provided:					
	Criminal Justice Government Agencies					
	Law Enforcement Court					
	Prosecution Corrections					
	Probation Other					
	Non-Criminal Justice Government Agencies					
	□ Social Services □ Hospital   □ Mental Health □ Other					
	☐ Public Housing					
	Private Non-Profit Agencies					
	☐ Hospital ☐ Shelter					
	□ Mental Health □ Religious Org.   □ Rape Crisis □ Other					
	Other					
	<ul> <li>☐ Yes, all special conditions attached to previous awards under this grant program have been met.</li> <li>☐ No, the following special conditions attached to previous awards under this grant program have not been met for the reasons indicated below:</li> </ul>					
Y	Who will evaluate the effectiveness of the project (check all that apply):					
	☐ Subgrantee agency personnel					
	☐ Independent evaluators (e.g., university research staff, a private research firm)					
Z	How will the effectiveness of the project be evaluated (check all that apply):					
	☐ Collection and analysis of statistical systems data (e.g., arrest reports)					
	Obtaining feedback on immediate impact before participants, attendees, users, or recipients leave the site of the service, training, etc.					
	☐ Obtaining feedback on longer-term impact on victims.					
	☐ Obtaining feedback on longer-term impact on professionals, agencies, coordination among agencies, etc.					
	Other (specify):					